

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant : Reed et al.
Application No. : 10/606,553
Filed : June 26, 2005
Title : IOL Square Edge Punch and Haptic Insertion Fixture
Group/Art Unit : 1732
Examiner : Edmund M. Lee
Conf. No. : 5289
Docket No. : P03176C1

OCT 17 2005

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I hereby certify that this correspondence is being sent by telefacsimile to: Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, at telephone number 571 273 8300, on October 17, 2005.

Suzanne V. Russo
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RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In the Office Action dated October 6, 2005, the Examiner required restriction between the inventions in Claims 1-8 and 20-21 (Group I), Claims 9-18 (Group II), and Claim 19 (Group III). Applicant hereby elects Group II for further examination without traverse.

Reconsideration of this application is respectfully requested in view of the foregoing election. Applicant submits that this application is in allowable condition. If the Examiner feels an interview would favorably advance the prosecution of this case, please contact the undersigned at the number shown below.

Respectfully submitted,

Toan P. Vo

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Dated: October 17, 2005